## RECEIVED 2063154004 TO 15712738300 CENTRAL FAX CENTER

## OCT 16 2006

PTC/SB/97 (06-00)
Approved for use through 10/31/2002 QMB 0651-0031
nt and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid GMB control number.

Application Number: 09/704,186

Filing Date: October 31, 2000

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on October 16, 2006

Date

Pam M. Prellwitz

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

- 1. Certificate of Transmission
- 2. Fee Transmittal
- 3. Response to Office Action Dated May 16, 2006 (20 pages)

Total pages: 22

Fax No. 571-273-8300 MS1-611US

Please notify us immediately (206-315-4001) if there is a problem with the quality of this fax.

Burden Hour Statement: This form is estimated to take 0.00 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademant Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

### **CENTRAL FAX CENTER**

OCT 1 6 2006

PTO/SB/17 (07-08) Approved for use through 01/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	aured to res	espond to a collection of information unless it displays a valid QMB control number						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Num		09/704,186		
· - ==				Filing Date 10/31/2000				
Fo	or FY 2	.005	1	First Named Inv		Ichandra S. I	Pandit	
Applicant claims small	II entity statu	- See 37 CFR 1	97	Examiner Name	Beer B	mnet W. Dad	da	
				Art Unit	2135			
TOTAL AMOUNT OF PAYMENT (\$) 450.00			<u></u>	Attorney Docket	ı No.	MS1 -	611US	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account	Daposit Accour	nt Number: 12-07f	<u> </u>	Deposit Ar	ocount Name:_	Lee & Haye	es, PLLC	
For the above-ident								
✓ Charge fee(s	) indicated b	elaw		Charg	je fee(s) Indic	ated below, e	except for the filing fee	
		e(e) or underpayme	ents of fer	e(s) Credit	t any overpayr	ments		
WARNING: Information on thi	R 1.16 and 1.	ecome public. Cred	fit card infe				Provide credit card	
information and authorization	on PTO-2038	<u>k</u>						
FEE CALCULATION							· · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SEAI					ARABAIA			
1	FILING I	FEES Small Entity	SEAR	CH FEES Small Entity	\$	TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Ego (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	·	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	. 0	0		
2. EXCESS CLAIM FEI		100	-	ū	-	v	Small Entity	
Fee Description						<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (			_			50	25	
Each independent cla		including Reiss	ucs)			200	100	
Multiple dependent e		(F)				360	180	
<u>Total Claims</u> - 20 or HP =	Extra Clain		<del>- 100</del>	Paid (\$)		Multiple D Fee (\$)	Dependent Claims Fee Paid (\$)	
- 20 or MP = HP = highest number of tota	al claims paid fr	or, if greater than 20.	_=		•	<u> </u>	EGD EGINAPI	
Indep. Claims	Extra Clain			Pald (\$)		<del>,</del>	·	
- 3 or HP = HP = highest number of inde		XX						
3. APPLICATION SIZE		) paid for, is greater a	AMI S.					
If the specification and	d drawings e	exceed 100 shee	ets of pap	er (excluding e	lectronically	v filed seque	ence or computer	
listings under 37 C	FR 1.52(e))	), the application	n size fee	e due is \$250 (\$	125 for sma	all entity) for	r each additional 50	
sheets or fraction th	hereof. See	35 U.S.C. 41(a)	Y1YG) a	and 37 CFR 1.16	6(s).			
<u>Total Sheets</u> - 100 =	Extra Shee	<u>  6ta   Numba</u>   /50 =	or or each	h additional 50 or (round up to a w	r fraction the		e (S) Fop Paid (S)	
4. OTHER FEE(\$)				-	Here name	, ^ <u></u>	Foos Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2 month extenions 450.00								
Other (e.g., late tilin	g surcharge	): 2 month extent	ions				450.00	
SUBMITTED BY	4							
Signature /	cl. 15	21	F	Registration No. 40	0498	Telepho	one 208-315-4001	
- year	-Ve go	w-		Attomeyingenty			AT 17 -16-7	

This collection of information is required by S7 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by S5 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Absxandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# RECEIVED 15712738300 CENTRAL FAX CENTER

## OCT 1 6 2006

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.	
Filing Date	
Inventorship	Bhalchandra S. Pandit, et al.
Group Art Unit	
Examiner	
Attorney's Docket No	MS1-611US
Confirmation No.	
Title: Improved Hashing Using Multiple Sub-Hashes	

#### **RESPONSE TO OFFICE ACTION DATED MAY 16, 2006**

To:

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

From:

Dale C. Barr (Tel. 206-315-7916; Fax 206-315-4004)

Lee & Hayes, PLLC

421 W. Riverside Ave, Suite 500

Spokane, WA 99201

Customer No. 22801

Dear Madam or Sir:

#### **INTRODUCTORY COMMENTS**

This communication is responsive to the Office Action dated May 16, 2006. Please amend the above-captioned application as follows:

Amendments to the Claims begin on page 2 of this document.

Remarks begin on page 13 of this document.

10/17/2006 SSITHIB1 00000124 120769 09704186 01 FC:1252 450.00 DA

los@heyes per sor-sze-ess

1

Any Docker No. MS1-611US